

**Frequently Asked Questions**  
**ARRA Communities Putting Prevention to Work**  
**Chronic Disease Self-Management Program (CDSMP)**

**Who can apply for this funding?**

There are two types of applicants for this funding: (1) State Units on Aging and State Departments of Health in the 24 states that have an existing AoA grant award for evidence-based prevention programs for the elderly; and (2) State Units on Aging and State Departments of Health in the 32 states and territories that have no existing AoA grant award for evidence-based prevention programs for the elderly. In the 24 states with existing AoA evidence-based prevention grant awards, only the state agency administering the existing AoA grant award can apply for these ARRA funds. In the 32 states and territories with no existing AoA evidence-based prevention grant award, either the State Unit on Aging or the State Health Department can apply, but both agencies must be full partners in the development and implementation of the state's ARRA CDSMP program.

**Since AoA plans to fund 50 applicants, can I assume I will get funded if I apply?**

No. This is a competitive award announcement and there is no guarantee that every application will get funded. Each application will be evaluated according to the published criteria, scored, and ranked. Only those applications deemed to be meritoriously based on the published criteria will be funded.

**Where can I access more information about CDSMP programs and how to implement them in my state?**

There are two websites you should visit:

The Stanford University Patient Education Center at <http://patienteducation.stanford.edu/programs/cdsmp.html> . This site provides detailed information and tools about all of the CDSMPs listed in Attachment D.

The National Council on the Aging's Healthy Aging Program at <http://www.healthyagingprograms.org> . This site provides information and links for CDSMP programs and many tools that can help states plan for implementing and sustaining CDSMPs.

**How many years is this cooperative agreement funded?**

The funding for this opportunity is for two years.

**Can I propose a higher level of funding than is indicated for my State in Attachment B?**

Yes. Applicants may request up to and even beyond the higher end of the funding range identified in Attachment B as long as they set higher targets for themselves in terms of the number of program completers they will serve compared to the minimum target number identified for their state in Attachment C and also demonstrate a capacity to achieve the higher target number they set for themselves. Applicants who propose more ambitious targets than the minimum targets noted in Attachment C and demonstrate a capacity to reach the higher target

number - will be evaluated and scored more favorably than states that propose to serve only the minimum targets listed in Attachment C.

**Since the program announcement provides both a minimum funding amount and a maximum funding amount, can an applicant submit an application suggesting two amounts?**

No.

**How does the program announcement define “older adults”?**

The term older adults is defined as individuals aged 60 and older. The applicant can propose to serve individuals under 60; however a state’s ARRA CDSMP program must focus primarily on serving individuals over 60.

**The program announcement requires that the State Medicaid Agency have a significant role in the CDSMP initiative. How does this relate to the grant?**

Applicants have the discretion to define an appropriate and meaningful role for the State Medicaid Agency. For example, a State Medicaid Agency might play a role in helping a state to identify chronically impaired Medicaid eligible individuals who could be offered the opportunity to participant in a local CDSMP program. Another example of a role a State Medicaid Agency might play is to assist the state in the development of its plan for sustaining CDSMP beyond the ARRA funding (e.g. the State Medicaid Agency might assist in examining the possible use of Medicaid funding as one possible source of on-going funding for delivering CDSMP to chronically impaired Medicaid eligible individuals.)

**Can I propose to use a CDSMP model that is not listed in Attachment D?**

Yes, but it has to meet the following standards. The model must have been tested through randomized controlled trials and shown to be: effective at improving and/or maintaining the health status of older people; suitable for deployment through community-based human services organizations; and, involve non-clinical workers and/or volunteers in the delivery of the interventions. The research results must have been published in a peer-reviewed scientific journal. The intervention must have been translated into practice and be ready for broad national distribution through community-based human services organizations. These standards are listed in Attachment D of the program announcement.

**Page 6 of the program announcement lists outcomes for participants who complete a CDSMP. Are all states required to track and report on these outcomes?**

No. These outcomes apply to the national program and will be tracked and measured through nationally administered surveys. A subset of states will be selected after they receive the ARRA CDSMP grant award to assist with identifying individuals to be sampled by the national surveys. Applying for this opportunity means that the State and local lead agencies agree to cooperate with this evaluation if selected. The specific evaluation methods have not yet been determined, but federal funds will be used for the evaluation.

**How many CDSMP Programs can I implement in my state with the funds for this opportunity?**

AoA's preference is that states limit the number of programs they offer to one or two, but in no case can a state offer more than 3 programs with these Federal funds. The same CDSMP available in English, Spanish or another language will be counted as one program. For example, the Diabetes Self-Management Program and its Spanish version, Tomando Control de su Diabetes, are counted as one program.

**Can a state that has an existing AoA evidence-based health prevention cooperative agreement continue to build infrastructure in communities it currently serves?**

Yes. AoA encourages states to build upon their existing CDSMP programmatic infrastructure. Therefore, an applicant can serve existing and/or new CDSMP communities. In communities with existing CDSMPs, the applicant must demonstrate that it will in some way significantly expand the program with these funds.

**Can an agency or organization other than an Area Agency on Aging or local public health department serve as a "lead local agency"?**

No, except in states where the State Health Department or State Unit on Aging also serve as the local health department or area agency on aging (e.g., in states with single "Planning and Serve Areas"). Those agencies can simultaneously serve as the "lead state agency" and the "lead local agency" as prescribed by the FOA.

**Can State lead agencies subcontract services to an external organization?**

Yes, certain services can be contracted out at the state level. Examples of such services are training of lay leaders, and quality assurance functions. However, the State lead agency has programmatic and fiduciary responsibility for the grant, including meeting program milestones, goals, guidelines and all reporting requirements. States must distribute funding for delivering CDSMP to local lead agencies, which may subcontract services, including program delivery.

**How is the funding for this program distributed?**

Funding will flow from the Administration on Aging through cooperative agreements to the lead State agency. The lead State agency then dispenses the funds to the local lead agencies. Local lead agencies can channel funds to community-based agencies and organizations, such as aging services provider organizations and health care entities. State may propose other approaches to managing the flow of funds to support local CDSMP programs, but they must maintain the roles and identities of the "Lead State Agency" and the Lead Local Agency" as prescribed in the FOA.

**Should the applicant budget for just year one or for the full two years of the grant?**

The applicant should budget for the full two years of the grant.

**If a state's overall CDSMP delivery system includes the CDSMP online version as well as other non-ARRA funded CDSMP programs, can participants that complete the on-line CDSMP version or the non-ARRA funded CDSMPs be counted toward the state's target number of course completers it must reach under the ARRA CDSMP Program?**

Yes. The ARRA CDSMP funds can only be used to support the "classroom" versions of the CDSMP. However, if a state's overall CDSMP delivery system also includes the online CDSMP as well as other evidence-based CDSMP programs not funded with ARRA funds, then the state can count all CDSMP course completers toward the total target number of CDSMP course completers it must serve under the ARRA Program. This method of counting is being allowed since one of the goals of the ARRA CDSMP Program is leverage all the CDSMP programs being delivered in the state, regardless of their funding source, into a single statewide CDSMP delivery system.

**Can CDSMP, class leaders, Master Trainers and T-Trainers trained to administer the CDSMP classroom version also serve as facilitators of the online version of CDSMP?**

Yes, provided that any additional specialized training required for CDSMP, class leaders, Master Trainers and T-Trainers to serve as facilitators of the online version of CDSMP is paid with funds that are not administered by AoA including these ARRA funds.

**Should the applicant budget for an evaluator?**

This is at the applicant's discretion and is not a requirement of the grant. Applicants are not being required to conduct formal evaluations of their CDSMP programs; they only need to track and report on certain program and participant characteristics which are specified in the FOA and also ensure CDSMP programs are being delivered with fidelity to the original design. AoA will be responsible for tracking and measuring client outcomes and will do so through a national survey of selected CDSMP participants. The focus of the state's role under this FOA should be on ensuring the delivery of CDSMP, as it was designed, to large numbers of individuals, and on the development of a statewide delivery infrastructure, not on evaluating client outcomes.

**What should my start and end dates be on the SF 424?**

Enter the start date of March 31, 2010 and the end date of March 30, 2012.

**What is the definition of program completers?**

The Stanford CDSMP program defines a completer as a participant who has completed at least four classes out of six.

**Can an applicant propose to give fiscal or other types of incentives, such as small amounts of money or gifts to recruit CDSMP participants?**

This is not recommended, but in limited circumstances to meet programmatic goals, a State may propose to do so. If an applicant proposed to offer such incentives, it must present a compelling reason and evidence as to why it is necessary to do so. An applicant needs to weigh its programmatic resources and fiscal costs against its ability to meet or exceed the minimum number of program completers required in Attachment C. In other words, is the expenditure for an incentive going to help the applicant meet its target or will it actually limit its ability to

support a core activity key to the grant's success? From a fiduciary perspective, every cost in the grant must meet the Federal Cost Principle guidelines. Each cost must be reasonable, allowable and allocable. Additionally, from a programmatic perspective, grant expenditures should be developed within the context of sustainability.

**Can an applicant use these ARRA funds to pay for transportation costs associated with getting participants to and from a CDSMP Program?**

This is not recommended, but in limited circumstances to meet programmatic goals, a State may propose to do so. A better approach that would result in a higher scoring application – and one that is consistent with the FOA's emphasis on "partnerships" - would be for a state to demonstrate how it is going to leverage existing transportation resources from various public and private sources to provide for any needed transportation. An applicant needs to weigh its programmatic resources and fiscal costs against its ability to meet or exceed the minimum number of program completers required in Attachment C. In other words, is the expenditure for a transportation going to help the applicant meet its target or will it actually limit its ability to support a core activity key to the grant's success? From a fiduciary perspective, every cost in the grant must meet the Federal Cost Principle guidelines. Each cost must be reasonable, allowable and allocable. Additionally, from a programmatic perspective, grant expenditures should be developed within the context of sustainability.

**What are the reporting requirements for this grant?**

There are three levels of reporting: the grantee progress report, financial reporting, and ARRA reporting.

**1. Grantee Progress Reporting**

The first reporting requirement is the standard grantee Federal progress report which all grantees must complete. Progress reports will be submitted to the AoA Program Officer and copied to the Grants Management Specialist and contain both qualitative and quantitative sections. The qualitative sections will be submitted semi-annually and the quantitative sections will be submitted quarterly. A clear description and discussion of these reporting requirements begins on page 21 of the program announcement.

**2. Financial Reporting**

Grantees are also required to submit a quarterly Federal Cash Transaction Report (SF-272) to the Payment Managements System as identified in their award documents for the calendar quarters ending 3/31, 6/30, 9/30, and 12/31 through the life of their award. In addition, a Financial Status Report (SF-269) will be required as denoted in the Notice of Award. Please Note: HHS is transitioning to the combined Federal Financial Report (FFR) known as the SF-425, which will replace the Financial Status SF-269 and Federal Cash Transaction Report SF-272. HHS/AOA will provide further guidance implementing the use of the new form at a later date.

**3. ARRA Reporting**

Recipients of Federal awards from funds authorized under the Recovery Act (Public Law 111-5) must comply with all requirements specified in Division A, including the reporting requirements outlined in Section 1512. FederalReporting.gov is the central government-wide data collection and review system for federal agencies and recipients of Recovery Act funding. Recipients

will use FederalReporting.gov in order to fulfill their reporting obligations.

Section 1512 of the Recovery Act requires reports on the use of Recovery Act funding by recipients no later than the 10th day after the end of each calendar quarter and for the federal agency providing those funds to make the reports publicly available no later than the 30th day after the end of that quarter. For the full list of the recipient reporting data elements, visit: [http://www.whitehouse.gov/omb/assets/memoranda\\_fy2009/m09-21-supp2.pdf](http://www.whitehouse.gov/omb/assets/memoranda_fy2009/m09-21-supp2.pdf)

Recipients of Recovery Act funding should report job data as prescribed in Section 5 of the Office of Management and Budget (OMB) Recovery Act guidance (M-09-21). The Recovery Act requires an estimate of the number of jobs created or retained. The estimate should be expressed as “full-time equivalents” (FTE).

For more information on OMB ARRA reporting links and AoA ARRA reporting tools and resources, access this link on to the AoA webpage: [http://www.aoa.gov/AoAroot/PRESS\\_Room/News/2009/03\\_18\\_09.aspx](http://www.aoa.gov/AoAroot/PRESS_Room/News/2009/03_18_09.aspx)

**What are the State and local obligations related to the national evaluations of CDSMP?**

All State grantees and their local lead agencies must agree to cooperate with two nationally funded evaluations, even though only a small subset of states will be asked to do so. One is a nationally administered survey of program completers at “base-line,” 6-months and 12 months after finishing the program to assess the impact of CDSMP on completers’ health behaviors, health status and self-reported health care utilization. A select number of states will participate in this evaluation. The second evaluation project is an AoA-CMS collaboration to develop and pilot test a quality assurance process that will track Medicare claims data of CDSMP participants and compare their health care utilization and costs to a comparable group of Medicare beneficiaries not participating in CDSMP. This will occur in one state. We do not know which states will be selected at this point for these studies, nor do we know what state and local cooperation will entail. However, the federal government will fund the evaluations; this is not a state responsibility.

**What are some examples of types of jobs created under this ARRA initiative?**

Examples are T-Trainers, Master Trainers, and Lay Leaders and staff who support the administration of the CDSMP. Under ARRA reporting requirements, grantees must submit information from their vendors who create jobs.

**Are a Matter of Balance; Program to Encourage Active, Rewarding Lives for Seniors (PEARLS); and Identifying Depression, Empowering Activities for Seniors (Healthy Ideas) considered a Chronic Disease Self-Management Program under the terms of this program announcement?**

No.

**Are the targets listed in Attachment C targets for one year or two years?**

The targets for the minimum number of program completers listed in Attachment C are for two years.

**What's the difference between sub-recipients and vendors?**

Sub-recipients are defined in the OMB recovery act guidance as those entities that receive funding from the prime recipient to support the performance of any portion of the substantive project or program for which the prime recipient received Recovery Act funding. The terms and conditions of the federal award are carried forward to the sub-recipient. Vendors are defined as entities that operate in a competitive environment and provide similar goods and services to many different purchasers, and these goods and services are ancillary to the operation of the federal program.

**Does the term “vulnerable populations” include residents of rural areas?**

Yes.

**What are the regulations for drawing down funds?**

A grantee may draw down funds on an as needed basis from the Payment Management System (PMS) generally for expenses that are going to be incurred three days in advance. For example, if payroll is due on a Monday, recipients can draw down funds from PMS on the proceeding Thursday to meet that expense. If cash remains on hand for longer than three days, an explanation would be required on the federal cash transactions report at the end of the reporting cycle.

**What's the start-up time from the time the grant is issued?**

The start-up time from the time the award is issued is 4 months.

**To whom do we address the Governor's letter of support?**

Kathy Greenlee, Assistant Secretary for Aging  
U.S. Department of Health and Human Services  
Administration on Aging  
Washington, DC 20201

There is no street address for this building. The address above is the official US Postal address.

**Our state has some committed AAAs/Public Health partnerships in specific counties that are stymied by the complexity of contracting and hiring in the rough economy. We can obtain written affirmation of their willingness to partner and a commitment from one of them as the Lead Organization. The State will move much of the funding into the office of a private non-profit to serve as their Program Office where it will be simpler to manage the contracting with the selected Counties. For those Counties that find their ability to accept a contract and either hire or vendor it out too difficult (hiring freeze/RFP requirements for contracting out), can we just create a strong Memorandum of Understanding to document their commitment to serve as the Lead Organization and thus to assure the commitments that accompany their funding? This would greatly simplify the process and free them to concentrate on the actual work of the program rollout. Can a state do this?**

Yes.

### **Corrections and Clarifications**

1. The correct address to access information on the Aging and Disability Resource Centers is <http://www.adrc-tae.org>.
2. Correction to paragraph on Pg. 11:

#### **Eligible Applicants**

Eligible applicants will include all 56 States and territories as follows: in the 24 States with existing AoA Evidence-Based Disease Prevention cooperative agreements, eligibility is limited to the recipient State agency of those existing cooperative agreements in the 32 States and territories that **do not** have existing AoA Evidence-Based Disease Prevention cooperative agreements, only State units on aging and State health Departments are eligible to apply.